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ABSTRACT

This Child and Adolescent Service System Program (CASSP) project implemented by the Division of Children and Youth Services of the Mississippi Department of Mental Health aimed to develop a community-level program to increase knowledge about the effectiveness of different community strategies for the development of improved systems of care for children and adolescents with, or at risk of, serious behavioral/emotional or mental disorders. Two communities were selected for the 3-year project, and coordinating and planning teams were established, comprised of school district, health department, social services, juvenile court, mental health, and family representatives. Evaluation of the first year of the project revealed that it had accomplished the following: (1) financing strategies in the two targeted counties were developed; (2) interagency agreements were signed by major child-serving agencies; (3) family empowerment activities were implemented; (4) local-level CASSP coordinators provided in-service training to local teams from the two counties, in the areas of family crisis intervention, respite care, and therapeutic foster care; and (5) services available at the community level for targeted children were developed. Plans for second and third year evaluations are discussed. (Contains 12 references.) (JDD)

AN EVALUATION OF A PROGRAM FOR KEEPING EMOTIONALLY DISTURBED KIDS IN THE COMMUNITY

by

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BACKGROUND AND RATIONALE

The Division of Children and Youth Services was formally established as a separate division in the Department of Mental Health in July, 1981, with the responsibility for determining the mental health needs of children and youth in the state and for planning and developing programs to meet those needs. The first Child and Adolescent Service Program (CASSP) project was initially funded for Mississippi in 1984 and became a unit within the Division of Children and Youth Services of the Mississippi Department of Mental Health.

Our "vision" for children and adolescents with emotional or mental disorders is community-based and family centered, revolving around the strengths and needs of the child and his/her family's needs. Our model includes prevention, identification (diagnosis and evaluation) and early intervention as central components of the ideal system. Case management, which is an operational service within the CASSP System of Care (Stroul & Friedman, 1986) is a vital component of the ideal system model through which other components are accessed.

This modest effort to develop service system building strategies in a rural area for youngsters with severe emotional disturbances was driven by reality factors in this state. Mississippi's fiscal and political climate continues to present challenges to making positive changes in the CASSP system of support and services. Past legislative sessions were concerned with Mississippi's budget deficit and how to remedy that problem. The present Governor directed state agencies to hold the status quo in budget requests for current programs and not allow for future manpower growth in the public sector. Due to the fiscal and political climate, CASSP felt that efforts could be better spent learning how to access current programs and funding streams rather than look to state government for new funding. Therefore, one of the goals of this project is interagency collaboration efforts on accessing funding through developing funding strategies at all levels, including the private sector.

Because of the "state of the state," advocacy groups, provider groups, and local and state governments have recognized over the past few years that the future will bring about inevitable changes in services as demand outpaces finances. These groups realized that any prerequisite for having a positive effect requires that everyone join together and work toward what families want and children need, rather than sett ing for what comes.

We believe that it is not a particularly safe bet to base the future care for children and adolescents with or most at risk of serious behavioral/ernotional problems on the prospect of continued growth in the public service sector. We do believe that broadening the base of commitment, building strong connections to the local community, and inviting the families' hospitality and commitment should be the wave of the future, and that families are the best experts about what they need.

Consequently, another goal of the project was to empower family members to participate in policy development and system assessment and planning activities in order to ensure that the service system that is developed meets the needs of their children who are at risk of serious behavioral/emotional or mental disorders. From day one of this project, it was assumed that the family best knows their own needs; therefore, parents were "assisted" in the planning process by caring mental health professionals.

Objective for the Three-Year Project

This Child and Adolescent Services System Project seeks to begin to address this critical need with the development and implementation of a community-level project to increase knowledge about the effectiveness of different community strategies for the development of improved community-based systems of care for children and adolescents with, or most at risk of, serious behavioral/emotional or mental disorders. Through development and evaluation of strategies for service system building at the local level for children/youth with behavioral/emotional disorders and their families, valuable information will be provided to be used in further state mental health planning and in further development of strategies and provision of the needed services for Community Mental Health Services in Mississippi.

There existed no prescribed strategic overall structure for accessing and redirecting funds or for development of new funding of services. The development of such strategies and approaches will, hopefully, enhance full service development at the community level across the state for these children/youth and their families. Specific objectives are:

1. To develop strategies to build effective comprehensive, coordinated community-based systems of care in local communities in Mississippi.

2. To implement the identified/developed strategies toward developing local systems of care on a statewide basis, including the development of local infrastructure for systems of care and the development of strategies, especially focusing on financing through blending sources, for putting in place new services building toward the later goals of a full range of community-based services.

3. To evaluate across two sites, e.g., one community in each of two community mental health regions, the effectiveness of a system building strategies in improving the availability and quality of systems of care for children and adolescents with serious behavioral/emotional or mental disorders and their families.

Target Population and Procedure

In implementing the proposed project, one community in each of two community mental health center regions was targeted. Given the award of $125,000 per year for three years, it is anticipated that the project objectives can be reasonably addressed with these two communities. The counties selected are representative of two major and differing areas of the state, e.g., the largely agricultural, catfish-producing "Delta," located along the midwestern edge of the state; and the "Golden Triangle" region, including the east central and some of the northern part of the state.

Each site was required to have a Local Level CASSP Coordinating and Planning Team comprised of a minimum of one representative of each of the following: (1) local school district; (2) local health department, (3) local human services social service division; (4) youth services (juvenile court); (5) mental health: and (6) family members. Each team was co-led by a mental health professional from the Mental Health Center and a parent of a child/youth most at risk for or with serious emotional disturbance. The parent was a 25 percent or ten hours per week project employee. Additionally, minorities were represented with other team members representing local business and other community leaders.

After identifying the service(s) to be created in their community, the major task for each CASSP Community Planning and Coordinating Team was to design a funding formula and develop a CASSP project that will allow them to receive CASSP funds of up to $55,000 each in both the second and third years of the project. However, this first year of the project the formula was not available.

Funding to the two project sites enabled the critical planning that is necessary at the community level to occur during the first project year. Additionally, while development of the funding formula and strategies occurred, first year project funds were utilized to provide some of the training critical to the project, i.e., family education through the Mississippi Developing Families as Allies curriculum, interagency collaboration training, and case management training. All of the training was coordinated by a "state level family member" who functioned in an outreach family education and support role. The overall project coordination was monitored and facilitated by the Coordinator of Community Support Programs in the Division of Children and Youth Services.

The one major criteria for the formula developed by each community was that CASSP funds will be accessed only by developing a formula and demonstrated access of fiscal and human resources from existing community, state, or federal resources, e.g., schools, health department, human services department, philanthropic groups, volunteer organizations, businesses, private donors, etc. The greatest match are for those accessed at the local level. Additionally, the match rate developed was driven by incentives to include families in decision-making, such as their participation on the

CASSP Local-Level Coordinating and Planning Team; development of services for special populations, such as homeless or adolescent offenders; efforts to improve interagency collaboration, such as establishment of a case review/study team/ and, inclusion of activities that address cultural relevance, such as cultural awareness training provided through training developed by the Mississippi Department of Mental Health. This match rate for actual funds and other resources (human resources and/or other support services) to be acquired from these community resources was developed during the first project year.

Findings

As the initial goal of this CASSP Project was to develop and expand the community system of care for children and youth at risk for serious behavioral/ emotional or mental disorders through innovative approaches to funding, this evaluation focuses on the progress made in these areas. The dimensions of this evaluation were:

I. Interagency Collaboration

II. Family Empowerment

III. Technical Assistance

IV. Service Development

The data from the first evaluation in January, 1993, indicated that the children's mental health service system in the two rural counties of Mississippi was at a relatively primitive state of development. There was little interagency coordination and cooperation, and little knowledge with regard to available funding. Given these starting conditions, one would not expect that a modestly funded demonstration project ($125,000 per year) would have measurable impact in a 12 month period. Nevertheless, the interview data collected in the study demonstrated that positive changes in interagency collaboration and family empowerment was attributable to this demonstration project.

Table 1 contains a checklist of the first year evaluation data. The following represents only a very brief narrative of some of the assessment findings.

Interagency Collaboration

During the current grant year (1993) community coordinating and planning committees comprised of service providers from education, health, human services, and mental health, along with parents of children with behavioral/emotional problems and community leaders, identified and developed financing strategies in the two

targeted counties. A state-level advisory committee was also established to advise and assist in the implementation of the project.

At the local level, interagency agreements were signed by major child-serving agencies, including community mental health services, local school districts, social services of the Department of Human Services, Health Department (infant and toddler services), Head Start, family representatives, and city and/or county government representatives. In addition, some representatives of Mental Health, Health and Education; Community Mental Health Centers; Mississippi Families As Allies; and Health Care Advocacy attended the CASSP Technical Assistance Workshop on "Financing Strategies." Participants learned practical strategies for maximizing federal programs. They also reviewed some long-term financing strategies to support system changes.

One county site has grown to 12 collaborating agencies, and the other site has grown to 7 during the first year. Also, the two counties have established a basic tracking system between participating agencies and letters of agreement have been signed.

Family Empowerment

The area of family empowerment has shown some growth in both sites. At one site, a Public School Adolescent Al-Anon program has been added to the existing support network. Mississippi Families as Allies, a consumer advocacy program, has also become an integral part of the support network at both sites. Mississippi Families as Allies, along with Parents Educating Parents in Mississippi, have taken the lead role in parent training and advocacy at both project sites. In addition, the public schools associated with one of the sites have been involved in the parent training/advocacy area.

Family members of children with SED serve as co-leaders of local level planning committees in both targeted regions, and a family member serves on the state level advisory committee. As part of this project, a three-day state-wide training of leaders for the Developing Families As Allies family support and education program was held during the summer months. Parent and professional teams were trained to lead programs in the coming year. Individuals from the CASSP target counties who participated in parent/professional collaboration training and teams trained during year one will establish an additional parent support network based on the training during the second year of the project.

Finally, there have definitely been important gains in family empowerment in system change efforts in year one of this project. A most important role of CASSP service providers has been to empower families as decision-makers at all levels of project development and implementation.

Technical Assistance

The local level CASSP coordinators provided in-service training to local teams from the two counties during the current grant year in the areas of family crisis intervention, respite care, and therapeutic foster care. The Annual Children's Mental Health Institute for children and youth with SED was attended by representatives from local agencies.

A workshop designed to train direct service staff on cultural sensitivity was piloted and entitled "Embracing Cultural Diversity." The focus was on local systems of care for children and adolescents with SED. Faculty from The University of Mississippi's Center for the Study of Southern Culture provided the necessary leadership.

Technical assistance at both project sites was delivered by Mississippi Families As Allies, the Center for the Study of Southern Culture, the Research and Training Center for the Handicapped at The University of Mississippi, and Parents Educating Parents in Mississippi. In addition, one site involved the local Home Economist, Youth Court, and Health Department. This information is now being incorporated into the program and disseminated to the community. Parent training included various agencies in both sites.

Service Development

The area of service development has shown similar progress in terms of the services available at the community level for SED children and youth. One site has expanded beyond those initially identified to include special services in the school physical education and community recreation programs. Efforts by local service providers or parent/family groups have shown a great deal of expansion. Families As Allies instituted training of parents in the two sites. Also, the Research and Training Center for the Handicapped at The University of Mississippi arranged for Parents Educating Parents in Mississippi to provide parent training. One site focused on the local services for training efforts (i.e., Parent Training and Counseling), utilizing Human Services, Mental Health, and Head Start.

Finally, local county planning committees identified their target population and targeted respite care and crisis intervention as the target services to develop. Integrated funding strategies were developed during year one to be implemented beginning in year two.

TABLE 1
Project Program Evaluation

	Project Initiation 1/15/93	Project Mid-Year 6/15/93	Project Year End 12/93
Interagency Collaboration:			
- Local Level Planning and Coordinating Teams	-	+	+
- Interagency collaboration at the local level	-	+	+
- Service needs and barriers to service development identified	-	✓	+
- Target population defined	-	✓	+
Service Development:			
- Process of matching target population to be served with appropriate services	-	✓	+
- Process of identifying services to be targeted to serve target population	-	✓	+
- Process of identifying integrated funding mechanisms	-	✓	x
- Process of identifying funds available across or through agencies	-	✓	x
- Process of identifying resources available through family led activities	-	✓	x
- Process of developing strategies to increase funding	-	✓	+
Technical Assistance and Training:			
- T.A. and training in service development	-	x	x
- T.A. and training in family support	-	x	+
- T.A. and training in cultural relevance	-	x	+
Family Empowerment:			
- Coordination of parent/professional collaboration training	-	x	+
- Empowerment training for parents and service providers	-	x	+
- Development of support and advocacy network	-	x	+
Funding Strategies:			
- Identification of funding available across sources	-	x	x
- Identification of funding requirements across resources	-	x	x
- Assessment of financial needs to provide selected services	-	x	+
- Blended budget	-	x	+

+ = Present
- = Not present
x = Developing
✓ = To be completed

TABLE 1 (continued)

Project Program Evaluation

	Project Initiation 1/15/93	Project Mid Year 6/15/93	Project Year End 12/93
Adherence of Project Goals and Objectives to PL 102-321 (State Mental Health Plan) and "Healthy People 2000":			
- Project activities relating to PL 102-321 legislative requirements	-	x	x
- Project activities relating to "Healthy People 2000"	-	x	x
Special Populations:			
- Participation of minorities and homeless and/or others on state and local CASSP teams	-	x	+
University Linkages:			
- Participation of universities through consultation and participation on state and local CASSP teams	-	x	x
Service Development:			
- Service delivery in areas previously not present from "Ideal Model for Comprehensive Community Mental Health Services for Children and Youth With SED"	-	x	x
- Advocacy and education services to families	-	x*	+
- Services to providers relative to target population	-	x	+

\+ = Present
\- = Not present
x = Developing
✓ = To be completed

* Families from each CASSP site were among the families from across the state trained as trainers with "Developing Families As Allies" curriculum.

Second and Third Year Evaluations

Second and Third Year Evaluations will include: measures of the effectiveness of collaboration among agencies that serve individual children and their families, access to services, degree of family and minority group involvement in the system development, and family satisfaction with the availability, accessibility, and/or appropriateness of services, as well as whether the case management intervention affects the lives of the children and their families.

The research design component will combine standardized instruments, structured and semi-structured interviews, and self-report measures. The components of data

collection will include entry and outcome measures and consumer satisfaction measures.

The first stage of the second and third year evaluations is to administer the structured intake interview/assessment instrument. The instrument will document relevant demographic and family constellation information, history of past services and problems, and past involvement with other systems of care or agencies (e.g., special education, juvenile justice, welfare, etc.). To the extent that this information is documents, this Mississippi CASSP project will be able to determine if these children are the target population.

At the end of year two, there will also be a study of family satisfaction with the availability, accessibility and/or appropriateness of services of the CASSP case management program. Whenever possible, the parent/child will be a respondent. In the event that it is impossible to complete the study with the parent, a surrogate will be consulted. The surrogate will be someone who knows the child/adolescent well (e.g. friend, paid staff).

Parents (and surrogates, where appropriate) will be informed that all information will be kept confidential. No names will be collected on the survey form and it will be impossible for service providers to identify individuals based on their responses.

In the third year, a battery of standardized assessments will be used at the intake stage to complete an ecological snapshot of a child/adolescent and his/her family. This battery includes a measures of individual problem behaviors, measures of self concept, measures of academic achievement, and measures of family functioning.

Our research design will utilize a randomized study experiment with multiple observations, assigning children ages 6 through 17 who are referred for CASSP services to either a treatment condition or the control condition. Randomization will occur after the child has an intake and has received the basic set of assessment instruments in stage one. Making truly random assignments of referred children to a no-treatment control group is possible in this situation. We can justify randomly assigning children as we expect a large number of referrals and are only able to provide case management services to a small number of children in need.

At the end of year three, outcome evaluations will be implemented. This will also include the comparison (control) group who will be monitored and evaluated at that time. All children in the experimental and control groups will be administered all instruments described in Stage I except the intake interview.

The sample will include all children and their parents served through this special project as well as those in the comparison (control) group. Parents to be interviewed

must agree and sign a consent form prior to the interview and also be eligible for the interview.

The University of Mississippi's Research and Training Center for the Handicapped will not only supervise and coordinate the data collection efforts but also do the proper statistical analysis, interpretation and presentation of the data. Thus, there will be continuous collaboration between University researchers and the Division of Children and Youth Services (CASSP) project of the Mississippi Department of Mental Health.

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